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ABSTRACT

The purpose of this meeting, one of a series of family impact seminars was to explore definitions of quality in child care and the ways in which quality can be encouraged. The seminar was held in response to a number of child care bills under consideration by the 101st Congress that reopen the issue of federal regulation of child care. This document contains two parts: (1) highlights of the seminar; and (2) a background briefing report in eight sections prepared before the meeting. The first part, summarizes comments by panelists Ann Segal, Barbara Willer, Linda Eggbeer, and Ellen Kisker. The second and main part of the document is the briefing report. It begins with a section titled "The Policy Questions," which provides an overview of such policy issues as the role of the government, strategies for improving quality, costs, and the effects of stronger efforts at regulation. The next section, "What is Meant by 'Quality' in Child Care?" outlines nine components of child care quality, including good health, nutrition and safety practices, high staff-child ratios, and cultural and ethnic sensitivity. Also considered is the topic of children with special needs. Discussion of the question, "What Does the Research Tell Us?" covers recent studies that attempt to measure the effects of quality in child care, parents' attitudes about desirable program characteristics, the quality of service currently available, and the cost of high quality child care. The section titled "How Can Quality in Child Care Be Assured and Encouraged?" provides a history of federal, state, and local regulations, and reviews new national standards. The final section addresses "Nonregulatory Strategies," such as program accreditation, child care teacher education and training, resource and referral agencies for parents as consumers, increases in child care workers' salaries, and the legitimization of family day care. A total of 29 references, and information on 10 organizational resources, are included in the final 2 sections. (AC)

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Quality in Child Care: What is it and How Can it Be Encouraged?

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Quality in Child Care: What is it and How Can it Be Encouraged?

March 31, 1989, Mansfield Room (S.207), the U.S. Capitol

Panelists: **Barbara Willer,** public affairs director, National Association for the Education of Young Children
Linda Eggbeer, early childhood educator, National Center for Clinical Infant Programs
Ellen Kisker, senior researcher, Mathematica Policy Research, Inc.
Ann Segal, senior policy analyst, Office for the Assistant Secretary of Planning and Evaluation, DHHS

Moderator: **Theodora Ooms**, Director, Family Impact Seminar

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BACKGROUND BRIEFING REPORT.....pages 1 to 19

Quality in Child Care: What is it and How Can it Be Encouraged?

Background Briefing Report
and
Meeting Highlights

Theodora Ooms and Lisa Herendeen

This policy seminar is one in a series of monthly seminars for policy staff titled, *Family Centered Social Policy: The Emerging Agenda*, conducted by the **Family Impact Seminar**, American Association for Marriage and Family Therapy, Research and Education Foundation, 1100 Seventeenth Street, N.W., The Tenth Floor, Washington, D.C. 20036, 202/467-5114

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Quality in Child Care: What is it and How Can it Be Encouraged?

Highlights of the seminar meeting held on March 31, 1989, Mansfield Room (Rm. S. 207), US Capitol, (a supplement to the Background Briefing Report).

Parents, educators, child development specialists, and the public in general all want children to be well cared for when parents are employed, but defining and obtaining quality child care is a difficult task. "Opinions differ greatly over the kinds of care that should be regulated (center care, family day care, in-home care), the characteristics of care that should be regulated (health and safety only or program and credentials) and who should enforce the standards (federal or state level)" said the first panelist, **Ann Segal,** a senior policy analyst, Office for the Assistant Secretary of Planning and Evaluation in HHS. At one end of the spectrum of these opinions is the belief that parents should be the sole judges of quality and be free to choose any care they desire; the other end is the belief that professionals should be the judges and that all care should meet certain standards of quality set by those professionals.

Finding a working definition of quality that can be enforced at a federal level has proven so difficult that a stalemate over regulating the child care industry has lasted since the 1960s when the federal government got involved in funding child care as a way of helping children of poverty. Segal described the history of federal child care regulations from the 1968 Federal Interagency Day Care Regulations (FIDCR), which attempted to unify all federal requirements for child care, to the present situation where there are no federal standards (except for Head Start and child care in the armed services). The only standards child care providers must currently meet are those set by state and local government.

Many of the child care bills under consideration in the 101st Congress reopen the issue of federal regulations, but Segal said that the Administration is firmly opposed to them, believing regulation is better handled at the state and local level, so that regional differences can be addressed.

In her discussion of state standards she pointed out that state standards are minimum standards which must be met, not goals for child care providers to reach. Standards vary a great deal from state to state partly because on many issues there is often little agreement or research evidence to support one set of requirements. Where there is agreement, states are setting similar standards: for example, staff-child ratios for infants are improving, and requirements for staff education and training are being emphasized across the U.S.

Segal went on to question whether standards are the best way to establish quality. Citing the research done for the 1979 FIDCR appropriateness study and the recent Mathematica study (Kisker et al, 1989), she noted that providers often operate at a level that exceeds standards. Also she pointed out that it is difficult and expensive to enforce regulations and unenforceable standards mean very little.

Segal advocated parent education and parent choice as the most effective way to improve child care. Parents have daily contact with providers and can be good program monitors, she noted. Educating parents to shop around for the best quality child care by, for instance, utilizing resource and referral services is one way of promoting quality. Another way to improve quality is through voluntary accreditation programs like the ones run by the National Association for the Education of Young Children and the National Association for Family Day Care in collaboration with the Children's Foundation. She added that incentives like the federal Child Care Food Program and lower liability insurance can encourage family day care providers to join networks and resource and referral systems that provide support and training to increase the quality of care.

But quality is ultimately achieved at the provider level by parents and providers, and the real measure of quality is the interaction between staff and children. She agreed that staff salaries and benefits can encourage the best people to go into the field, but noted that achieving higher salaries is difficult as parents and government have limited funds.

Segal ended by saying that the best way to achieve the goal of better quality is to empower parents with knowledge and funds. In her view, the Bush child care tax credit would achieve part of this goal.

Barbara Willer, public affairs director, National Association for the Education of Young Children (NAEYC), said the public can agree on a definition of quality as "a setting in which you see happy children, alert, feeling good about themselves and the caregiver." Based on the experience of early childhood educators, the crux of quality is in the caretaker's relationship to the child.

While it is impossible to legislate positive interaction between staff and children, she said, regulation of variables like staff-child ratios, group size and health and safety aspects will help to promote the types of interactions that are essential to quality. Standards used by the NAEYC to ensure high quality include a developmentally-based curriculum, high ratios of staff to children, small group size, and staff training.

NAEYC has 800 programs accredited and 3,000 in process of attaining accreditation as of April 1989. Often centers apply for accreditation in order to let parents know that their center offers high quality care. But other benefits centers get from the accreditation process are information and technical assistance in setting a developmentally appropriate curriculum, health and safety standards, ways of ensuring parental involvement, and achieving adequate ratios for different ages of children.

Low salaries and an absence of fringe benefits for child care staff are a serious barrier to achieving quality child care, said Willer. She noted that few programs offer benefits (programs are often too small to sign on to a group health plan) and that this lack of provision for staff to take sick days or be covered by medical insurance increases the chance of staff passing illnesses on to the children in their care.

In closing, Willer suggested that child care be viewed as an investment in the future. The earlier the investment starts the more it will pay off later.

The third panelist, **Linda Eggbeer**, an early childhood educator with the National Center for Clinical Infant Programs said that infant and toddler care and family day care homes are two pieces of the child care puzzle that present difficult questions for policymakers and have received the least attention to date. Infants and toddlers need special care that is different from care for older children. The majority of them are receiving care through family day care homes.

Infants and toddlers need competent, stable, caregivers who can engage in a dynamic and reciprocal relationship and who are able to foster a young child's trust and self esteem. The caregiver must understand that these young children change rapidly, are dependent on adults and are vulnerable. The caregiver needs to conceptualize everything that happens during the day as the "curriculum" and be exquisitely sensitive to a baby's individual needs.

Relatively little is known about family day care providers operate "underground" (i.e. unregulated). There are approximately 1.5 million providers, only 194,000 of whom are regulated in some way. The providers fall into several categories: young mothers in their late 20s and 30s who are caring for their own children; women in their 40s or 50s with a relative, perhaps a grandchild, to care for; or women who were once in one of these categories and have decided to make family day care their profession.

Family day care providers face many problems which may account for a turnover rate of somewhere between 50%-60%. Eggbeer said that they are often isolated, their hours are long (10 -11 hours per day) and their pay is very low. Other barriers are the high cost of liability insurance and zoning ordinances and covenants (condominium and homeowner associations) which can block or close down a family day care business.

The Child Care Food Program, which is the second largest direct source of federal support for child care, provides much needed help to approximately 80,000 providers who participate, said Eggbeer. A provider who is part of this program not only gets the benefit of a subsidy, but also becomes part of a sponsoring network that provides in-service training and visits the home (see p. 12-13).

Systems of this kind and others may hold great potential for the future of family day care. They provide practical help with running the business; an opportunity to become affiliated with a network of other who consider themselves professionals; and training in a number of areas that will benefit providers and the children and families they serve.

What is the evidence that justifies targeting resources on one aspect of child care versus another (i.e. increasing staff salaries versus mandating low child staff ratios)? With limited funds to use on the child care problem, policymakers are increasingly asking what does research say about the factors that provide the best quality child care at the lowest cost?

The fourth panelist, **Ellen Kisker**, senior researcher at Mathematica Policy Research Inc. addressed this question by critically assessing the available research on quality child care. There is very little solid, conclusive evidence from research about what the key ingredients of high quality child care are; any conclusions we can draw are based on the consistency of findings across studies with various limitations," said Kisker.

Most research assumes the goal of child care is to encourage development (not simply be custodial) and thus quality is defined as characteristics that lead to positive cognitive, social, and emotional development for children. Yet assessing the effects of different components of care on children's development is a highly complex task.

Kisker outlined various problems with the methodology of the studies done to date which limit the generalizability of their findings.

--Samples are too small and homogeneous and there is a lack of adequate control groups.

--A popular means of testing a child's development has been the IQ or related tests of cognitive development but these measures contain cultural and social biases. Tests of social development require in-person interviews by specialists which tend to be very expensive to administer.

--Cognitive development studies have tended to be on disadvantaged children, (who are most likely to do poorly on them because of cultural and social biases) while social development studies have tended to sample middle class and upper middle class kids.

--Studies have largely failed to account for other factors in the child's environment. For example, studies control for family income and parent education, but not for factors like the direct and indirect effect of their mother's employment. Moreover, studies have not controlled for the fact that certain types of parents tend to select certain types of care (selection bias).

Keeping in mind these the limitations of the research, Kisker outlined what can be confidently asserted about the factors related to quality based on consistency of a number of studies.

Large group sizes in centers and family day care homes appear to have adverse effects on development especially for very young children.

High staff-child ratios are thought to be important for child development, but the research evidence on this is not consistent.

Higher formal education and specialized training in child development and educationally oriented curricula lead to improved cognitive and language development.

Caregiver stability has consistently been found to be associated with positive child outcomes.

Other indicators of quality including caregiver experience and parental involvement in child care have not been consistently associated with positive outcomes.

Kisker also noted that these studies have not focused on the question of **minimum** levels of acceptability. For example, at what point does group size become too large to support healthy development is a question we don't know the answer to, said Kisker.

Kisker spoke briefly about the very limited research on what is known about the quality of different types of care currently available in the U.S.. Broadly, the research suggests that staff of centers and preschools are better qualified, both in terms of formal education and in specialized child-related training than family day care homes. And centers and preschools are more likely to employ educationally-oriented curricula and to have a more stimulating environment. However, centers tend to have larger group sizes and lower staff-child ratios than family day care homes.

She concluded by saying there is a clear need for more research on quality of care that expands our knowledge beyond the limitations of past research. Ideally, new research should include larger, more heterogeneous samples of children, control for a wider range of environmental factors, and measure the full range of developmental outcomes.

Points made during discussion

- Why does the research discussed at this seminar focus on elusive measures of quality rather than clear measures of physical safety and well-being, such as exposure to increased risk of illness, asked a participant? Studies show that center care increases a child's chances of contracting infectious diseases like meningitis. Infants and toddlers are at special risk. Concern should be voiced, he said, over federal policymakers emphasis on increasing the number of infant slots in centers rather than family day care homes when centers are actually more dangerous to children *(see footnotes on page vi).

- Barbara Willer answered that spread of disease in centers is not something that is beyond control. Steps like mandating hand washing can enable centers to reduce the chances of disease. Family day care generally exposes children to fewer other children, but centers can provide such an environment by organizing the care into small, stable groups.

  Sharon McGroder (standing in for Ann Segal of ASPE who had to leave) added that the American Association of Pediatrics and the American Public Health Association are collaborating in a project to develop unified health and safety standards for the states to use. The standards will be developed for family day care homes as well as centers (see p. 9).

- Also answering the question on illness, a participant pointed out that one study showed that children cared for outside the home, on average, only miss one more day of activity because of sickness than children who are cared for in their own homes. Also it is believed children in day care tend to become immune to disease earlier; once they reach kindergarten they may lose less time from illness than kids who have not been in day care.

- Does NAEYC have an accreditation system for family day care providers? No, but family day care providers can upgrade their services by seeking a Child Development Associate credential. Also, the National Association of Family Day Care has begun to accredit family day care providers said Barbara Willer.

- How many states meet NAEYC criteria? No state has completely adopted NAEYC's standards. South Carolina and Maryland use NAEYC's standards to regulate certain programs. South Carolina uses the standards to regulate programs receiving Title XX funds. In Maryland the standards are used for state pre-kindergarten programs.

- How does NAEYC avoid accrediting only expensive centers that can afford to meet their standards? Willer stated that 48 states have accredited programs, Texas has the most, even though the state has low state standards. NAEYC accredits a wide range of types of programs including full-day and part-day programs, church-based, Montessori, for-profit and not-for-profit.

- How can policy makers balance the needs of quality with affordability and availability? McGroder answered that states are in the best position to engineer the trade-offs because what is applicable in one state may not be in another state.

  Willer suggested that we move beyond questions of quality versus affordability. We need to subsidize child care as a public investment in the future just as we have done with secondary education, as well as a way of providing parents with the opportunity to work and support their families.

- Are there any studies that chart the costs of instituting high quality standards? Yes, the Clifford/Russell study looked at four possible models for child care standards and evaluated the cost of implementing each model. NAEYC's model had the highest standards and the highest cost at $5,200 per child per year. (see p. 7)

- Can for-profit care be quality care? Willer said that NAEYC does not believe that quality is solely dependent on profit status and both for-profit and non-profit programs are among those fully accredited. However she acknowledged that there are those that worry about programs making a profit on children.

*Footnote: The following are useful articles reviewing the research on the subject of the increased risk of illness and disease among children in out of home child care and discussing strategies to minimize the risk:

Aronson, S.S. "Child Care and the Pediatrician", in *Pediatrics in Review*, Vol. 10 no. 9 March 1989 pp. 277-286

Haskins R. and Kotch J. "Day Care and Illness: Evidence, Costs and Public Policy." in *Pediatrics*, special supplement Vol. 77 No. 6 Part 2 pp. 951-982.

Haskins, R. "Acute Illness in Day Care: How Much Does It Cost?" in *Child Health::One Hundred Years of Progress and Today's Challenges* Edited by W.D. Sharpe. N.Y. Morchand & Pub. Co.: in press.

Presser, H.B. "Place of Child Care and Medicated Respiratory Illness Among Young Children". *Journal of Marriage and the Family* Vol. 50 Nov. 1988 pp. 995-1005.

An additional reference on regulation of child care is:

Morgan, G. "Regulating Early Childhood Programs in the Eighties." in *Handbook of Research in Early Childhood Education*. Edited by Bernard Spodek N.Y.: Free Press, 1982.

QUALITY IN CHILD CARE: WHAT IS IT AND HOW CAN IT BE ENCOURAGED?

Background Briefing Report

THE POLICY QUESTIONS

When employed parents decide to share the care of their pre-school children with others, their major concern is how well their children will be cared for. Horror stories in the media about sexual abuse, neglect, injury and even death that occur to young children in child care have fueled parental and public concern. Employed parents, and the public, want to be assured that children will be safe, properly fed, cared for and nurtured. In addition many hope that children in care will acquire new knowledge and skills and learn how to get along with other children.

In the belief that many child care settings do not provide the kind of care that parents want and children need, child development experts, early childhood educators, child advocates and others are united in efforts to improve the **quality** of child care. But such a broad reaching goal poses a number of difficult problems and dilemmas for policymakers facing serious budgetary constraints. Among these are the following:

- Should the government's sole aim be to assure **minimal** standards of quality in order to prevent children from being harmed?
- Or should policymakers also strive for achieving **high** standards to maximize children's intellectual and social development?
- Should government target its efforts and resources on care for disadvantaged children who seem to benefit the most from increased quality? Or should it aim to improve quality for all children in child care?
- Do proposals to subsidize child care recognize the additional costs of providing quality care to infants, and toddlers, and for pre-school children with serious disability or chronic illness?
- What are the various strategies for improving quality, what do they cost and how do the costs relate to the predicted benefits?
- How can increased quality be achieved without adversely affecting the affordability of child care?
- Will stronger efforts to regulate family day care homes have the effect of discouraging supply, or of destroying the qualities of informality and flexibility that many parents prize?
- And what are the respective roles of the federal, state and local governments on these issues?

Before these questions can be addressed, background information is needed to clarify what is meant by "quality" in child care and to assess current levels of quality. How common are the horror stories? How well are children being cared for when left with those other than their

parents? What do we know about unlicensed family day care, the type of care that the majority of low income parents use?

WHAT IS MEANT BY "QUALITY" IN CHILD CARE?

(Sources: Child Welfare League, 1984; Phillips, Ed. 1987; Silverberg, 1988; National Association for the Education of Young Children, 1987; Schultz and Lombardi, 1988; National Center for Clinical Infant Programs, 1988; Willer, 1988.)

Over the past two decades several public and privately sponsored national task forces, study groups and commissions have developed criteria for quality child care. And a new commission is currently in progress that focuses especially on health, nutrition and safety standards (see pages 16). In developing these criteria the experts drew upon their extensive practical experience and research. There is general professional consensus about the various individual components of good child care, but there is some uncertainty about which of them have the strongest impact on quality. Moreover recent reviews of research relating to quality concludes that the research base is not very strong. Many issues remain unresolved and a number of important questions have not been investigated.

The crux of the concern about quality is with the teacher/ caregiver's relationship with the young child. Thus the focus has been to identify those factors which help to determine the nature and quality of the interaction between teacher/ caregiver and child. Certain structural characteristics such as staff-child ratios, group size and teacher training have received the most attention as they are the easiest to measure and, hence, to regulate. But high staff-child ratios and small group size may in themselves guarantee very little about the nature of the care the child receives, which may be more influenced by the caregiver's competence or a number of other factors considered to be important ingredients of a good program. And certain factors are more important than others for the infants and toddlers.

For the most part it is the experts who have defined the elements of a good quality child care program, although selected parent representatives have had some input on several of the commissions. In general we have a much less clear idea about how parents define quality, what characteristics they look for in a good program and to what extent they agree with the experts.

The child development research discussing the characteristics of quality in child care focuses primarily on the factors involved in "good", (i.e. optimal, desirable) child care. However underlying this discussion are some notions, rarely spelled out, about the basic, minimum standards below which child care is not acceptable and should not be allowed. These two concepts of quality, the "good enough", or minimal and the "desired" or ideal - are sometimes difficult to disentangle. This distinction however is important with respect to appropriate policy strategies.

Components of Child Care Quality.

Quality in child care is the sum of many different components. While most of the focus in the literature is on factors that predict positive child development, some of the components have value for other reasons such as safety or health. Few criteria relate to the impact of child care on parents or the family as a whole. The principal dimensions of quality are briefly identified below. (This is a composite listing from several of the model standards.)

Good health, nutrition and safety practices. Child care facilities must comply with basic fire and safety codes; with public hygiene standards for preventing the spread of disease; with equipment and materials standards to prevent injury and accidents; serve nutritious food.

High staff-child ratios. In order to provide adequate adult supervision and individual attention to each child there must be a sufficient number of adult caregivers per number of children. The ratio falls as children's age rises. For example the standards promulgated by the federal government from 1968 to 1981 were one adult to three infants up to age 1; 4 : 1 from 1 to 3 years of age; and 8 : 1 from 3 to 5 years.

Limited group size. The total number of children in a self contained group is another factor that affects the ability of the adult caregivers to give sufficient and proper attention to the children in care. The federal recommendations for group size was no more than six children under one year, no more than 12 between 1-3 years old, and no more than 16, 3-5 years olds.

Appropriate staff qualifications. It is important that child care staff be free of serious communicable diseases such as tuberculosis; have no criminal background (such as a history of child sexual abuse); and have appropriate education and training. The last is a looser concept as the content, length and level of training can vary greatly ranging from a first aid course, some inservice, supervised training in child development, to undergraduate and graduate level courses in early childhood education.

Stable staff and continuous program. Young children's ability to form close, warm, trusting relationships depends on a high degree of continuity and stability in the caregivers. Thus various measures of staff turnover and reliability are used as a component of quality care.

Developmentally appropriate educational curriculum. Early childhood educators have definite ideas about which kinds of routines, activities and materials are appropriate for different ages of children to enhance their learning and social adjustment.

Parent access, communication, involvement, support. Guaranteeing parent access to the program is considered one of the essential safeguards to prevent sexual and other kinds of abuse. In addition, since parents are sharing the care of their children with others, regular, informal or structured opportunities for communication between caregiver and parent, and encouragement to parents to participate actively in the program are considered to be very important aspects of quality child care. Parent participation on governance bodies and advisory committees is a component of the Child Welfare League Association and National Black Child Development Institute's standards. Social workers to refer families to needed social services are also mentioned by some standards as an essential staff component. Finally, providing education and information to parents about the elements of a quality program will help them, as consumers, assure quality.

Parent choice and satisfaction. When parents feel good about their child care arrangements their children are more likely to benefit from the care. However, since the experts have conceptualized quality primarily in terms of effects on child outcomes rather than child and **family** outcomes, scant attention has been paid to additional aspects of care that parents define as desirable and affect parents' choice of care and stability of care arrangements. Nor do we know how different program factors affect parents' own levels of satisfaction, comfort and well-being. These will, in turn, affect their child.

Cultural and ethnic sensitivity. Few standards address the issue of cultural and ethnic sensitivity as a component of quality care. One exception is the set of child care guidelines recommended for four year olds by the National Black Child Development Institute (NBCDI). In the belief that it is important to promote continuity in learning between home and school, NBCDI recommends hiring staff from the same cultural and ethnic background, strong parent education efforts and parent involvement in decision making as essential safeguards for quality child care (NBCDI, 1987).

Infants and toddlers and other children with special needs.

Many child development experts believe that it is preferable for babies to be cared for by their parents for the first three to four months; thus they view quality care for young infants as home care. This conclusion rests in part on a conviction that the "bonding" between parent and infant that is so crucial to child development may be jeopardized by an early return of the parent/s to work after the baby's birth. It also rests on the belief that parents need time to get to know their baby so that they can select the type of care that will best suit their baby and family. Thus they advocate extended parental leaves for employed parents to create the necessary conditions for "bonding" to take place.

But if and when babies must be cared for by others the experts point out that their special needs require particular kinds of care. Caring for infants takes more time than older children and the caregiver needs to work in especially close cooperation with parents. Since feeding, diapering, napping and bathing are a constant activity with babies, safe hygiene practices are essential to assure the baby's health and avoid the spread of disease. Moreover these routines form the matrix of the baby's social development and are critical to the development of trusting, secure, loving relationships. Thus they must be carried out with warm sensitivity to the infants' individual temperament, needs and responses. Toddlers need very close supervision and opportunities to actively explore a stimulating environment.

For these reasons quality care for children under age two is more expensive and harder to establish, at least in formal center settings than child care for the older preschooler.

Children in this age group who have special needs as a result of chronic illness or serious disability can often benefit from being placed in a child care setting in which the providers have been specially trained. In addition, child care provided to a child with special needs provides badly needed respite and support to their parents, even when the parents are not employed. There are a number of federally funded projects across the country, training child care providers to care for these special needs children. (See NCCIP, p. 19.) Appropriate quality care for these special needs children is considered more expensive due to the special skills and knowledge required to meet their needs and for example, to operate the high-tech equipment some of the children are dependent upon.

WHAT DOES THE RESEARCH TELL US?

(Sources: Clarke-Stewart, 1987; Clifford and Russell, 1988; Fosburg et al. 1981; Phillips, Ed. 1987; Ruopp & Travers, 1982; Silverberg, 1988; Waite et al., 1988; Zinsser, 1988.)

Research should help answer several questions important to policymakers. First, what is the evidence that these indicators of quality are causally linked with positive outcomes? Which components of quality seem to be the most important overall or for particular ages? What aspects of quality seem to be most important to parents? Second, what do we know about the quality of child care currently available in the US? Are certain types of arrangements better than others, or better for certain ages or types of children? Third, what does it cost to get good quality child care?

Several general points about the research are needed in order to understand why it is that research can provide few definitive answers to the important policy questions. In the early 1970's, in the first wave of studies on child care, the focus was on a very basic question, which proved to be far too simplistic, namely, "Is child care good or bad for children?" In the second wave of studies, researchers increasingly acknowledged the complexity of defining quality of child care. They studied the effects of different types of child care arrangements and different characteristics of quality on children's development. Most recently a third wave is asking more complex questions such as "How do child care qualities combine with family factors to produce effects on children's development?" (Clarke- Stewart, 1987 p.105).

Yet this research on child care has been fraught with methodological problems preventing generalizations from the results and leading to inconsistencies in some of the findings. Most of the evidence comes from evaluations of small, high quality programs serving specific populations, that do not reflect the diversity of programs used by parents. Studies used very different measures of quality and outcomes and, thus comparisons could not be made across studies. Most studies have suffered from a lack of control groups and have been unable to control for the bias that occurs as a result of parent selection of the program their child attends.

Measuring the Effects of Quality in Child Care.

In spite of hundreds of studies, quality remains an elusive concept. Some of the ingredients can be readily measured but many important aspects cannot. And it has been difficult to link specific characteristics of quality with positive child outcomes. Studies have not taken into account the effects of family and other environmental factors which may also affect children's development. Attempts have been made to develop a global index of quality to capture the overall climate of a program (for example the Early Childhood Environment Rating Scale, ECERS, index is composed of 37 items) but Clarke Stewart (1987) concludes that while such an index may be useful for parents in helping them select a high quality program it is not a useful research tool.

The child development outcomes measured in these studies have either focussed on measures of the child's cognitive achievement, such as I.Q., or on various measures of social behavior such as attachment to the mother, aggressiveness, self confidence etc. But the interpretation and evaluation of these behavioral outcomes has been open to some question.

Research is beginning to examine the various ways that particular aspects of the family environment may interact with, compensate for or be quite independent of the child care environment. But, with the exception of some studies on the Head Start program, studies have not examined the effects of child care quality on family outcomes (e.g. parental stress, competence, family interaction, family income etc.) Still, in spite of these difficulties some findings have held up persistently and can be stated with some confidence:

--There appear to be no adverse effects of good quality child care on maternal-child attachment for children over one years old, as compared with home care.

-- Large group size does have adverse affects in both child care centers and family day care homes especially for very young children, although one recent study suggest this is not as robust a finding as once thought.

-- The findings of research evaluating the effects of staff-child ratios have been inconsistent and do not lend strong support to experts' conviction of the importance of high staff-child ratios.

-- Caregiver stability has nearly consistently shown a positive relationship with child outcomes.

-- Child care programs with an educationally oriented curriculum clearly contribute to children's increased cognitive development. While the improvement in I.Q. and achievement tends to wash out after a couple of years, this is not true for disadvantaged children who sustain continued gains for many years.

-- Specialized training in child development, and years of education overall contribute to positive child outcomes.

-- Research suggests that parent involvement in the program has strong positive effects on child outcomes.

-- A recent, perhaps surprising finding is that the influence of family factors -- structure, SES, home stimulation and parental values -- remain strong for children in child care, and are sometimes stronger than the effects of the child care environment. (Clarke-Stewart, 1987)

While child care researchers persist in searching for predictors of the best outcomes and work for improving quality beyond present standards, Clarke-Stewart comments that it may be more productive to focus on learning more about the detrimental effects of poor child care, determining the minimal standards that should be met by all programs (1987, page 116).

What do parents find to be desirable characteristics of a child care program?
(Source: Fosburg, 1981; Kisker, et al.1989; Silverberg, 1988; Sonenstein and Wolf, 1988)

Most surveys of parents as consumers of child care have focused on issues of availability, affordability and convenience. Clearly location and hours that are flexible enough to mesh with their own working schedules are very important to many parents. Also the ability to leave a mildly sick child with the care giver was an important indicator of reliability. Several surveys have revealed that while parents generally prefer to use relatives or family day care for infants and toddlers they are increasingly shifting to prefer center-based care for older pre-schoolers, presumably because of its greater "educational" content. Beyond this most studies have not probed into parent's concept of quality child care in much detail. One study of AFDC employed mothers found that they were much less concerned with staff-child ratios and specialized training than with the adequacy of adult supervision, opportunities for their child to learn new things and the happiness of their child with the arrangement. And the Abt study reported that 82% of parents with children in family day care rated experience with children as more important than formal education (Fosburg, 1981).

In addition, ethnographic and journalistic studies suggest that there are some factors that are harder to measure but may be the most important of all namely the parents' assessment of the congruence between their own and the caregiver's values about child rearing (e.g. with regard to discipline, messiness, type of activities) and general life style (e.g. about smoking, T.V. etc). These are especially important in the choice of family day care.

How Good (or Bad) is the Quality of Child Care Currently Available?

There have been no national studies of center care, licensed or unlicensed family day care for over a decade. Thus it is not possible to assess the quality of current child care provision. However several national studies underway (See Briefing Report for Jan 24th Child Care Seminar) should help to fill in some gaps, including the National Child Care Staffing Study conducted by the Child Care Employee Project (see page 16). From the little evidence we have to date, on average across the nation the quality of child care does not appear to fall below national minimum standards with respect to staffing. However the enormous variation between states and communities and the fact that so little is known about unlicensed family day care are legitimate cause for concern. Moreover those states in which economic pressures propel the highest proportion of mothers into the labor force have the lowest state standards. A few additional points can be made.

First, in terms of child care centers, since many of the state regulations do not conform to recommended national standards with regard to group size, and staff-child ratios, it is assumed that many operating centers do not in fact meet these standards. Indeed one analysis of child care usage in the National Longitudinal Survey of Youth found that, according to parents' reports, nursery schools and organized child care centers often fail to meet the FIDCR recommended requirements for group size and staff-child ratios, indeed only one third of infants and toddlers had an adequate number of adult caregivers. However the recent Mathematica study, conducted in three metropolitan areas, found that for all ages, average staff-child ratios were considerably higher than

required by state licensing regulations. The average group size in centers was about 15 children, and the average staff-child ratio about 1:6.

Second, several studies have confirmed extremely high rates of staff turnover in child care centers, twice the national average amounting to 42% per year in 1979-1980. And other studies report that as many as one quarter of family day care providers stop caring for children within the year. Mathematica found that child care arrangements were reasonably stable, only about 12% of pre-schoolers had a change within the last year.

Third, some recent small scale studies confirm the finding of the Abt national study of family day care that family day care providers have less specialist training and less education generally, and the activities in their homes were less educationally focussed.

Fourth, many fears have been expressed about the quality of unregulated family day care and, in particular, that unlicensed providers would care for too many children. Since the majority of low income families who use paid care, use this type of care child advocates have given priority to eliminating unlicensed care. However the Abt study conducted in 1979-80, the only national study to date to include unlicensed homes, did not confirm these fears. Unregulated homes had fewer children in care per adult than regulated homes, and on average, unlicensed homes did not differ significantly from licensed homes. All three types of care provided children with a positive, safe, and healthy environment (Fosburg, 1981). The finding on staff-child ratios is confirmed by the Mathematica study (Kisker, 1989) which found an average of only three children per family day care providers in three major urban areas. However Waite et al's study (1988) found that one quarter of infants and toddlers cared for in family day care homes did not have enough adult caregivers by the FIDCR standards.

What Does Good Quality Child Care Cost?
(Sources: Clifford and Russell, 1988)

Recent research on child care has not focussed on the costs of the different components of quality in child care. Clearly some aspects are more costly to implement than others, for example, limiting group size without changing the staff-child ratios is not very costly. Nor does parent involvement add much increased cost. In general however the proportion spent on staff has been found to be directly related to quality. Three of the principal determinants of improving quality care are related to increasing personnel costs, namely increasing staff-child ratios, increasing salaries to arrest the high degrees of turnover and increasing the requirements for levels of education and specialized training.

Clifford and Russell have estimated the costs involved in implementing four different models of child care programs ranging in quality from Model I, which meets the NAEYC requirements for a fully accredited program (including adequate compensation for staff) to Model IV which represents an approximation to the current national average of staff compensation and ratios. Model I would cost over $5,200 per year, per child for full time care, about $2,300 more than the cost of Model IV, the current average.

HOW CAN QUALITY IN CHILD CARE BE ASSURED AND ENCOURAGED?

Federal, state and local government regulation of the provision of child care is the vehicle by which the public strives to assure that basic health, safety and protective standards are met by child care providers. However there is disagreement about the relative role and effectiveness of regulation in improving child care quality, especially with respect to home-based care. In addition there are a number of voluntary strategies for encouraging higher quality child care provided largely by the private sector. They include program accreditation, staff training, information and referral services

and other approaches. Many are convinced that efforts to upgrade the salaries of child care personnel are also a critical element to improving the quality of child care.

History of Federal Regulation
(Sources: Lehrman and Pace, 1985; Pope-Cooper, 1977; Nelson, 1982 & 1982; Zigler and Cohen, 1977)

Ambiguity and confusion about how government can best enforce standards for child care has brought about a virtual stalemate in federal regulation of the industry that has lasted for nearly three decades. The uncertainty revolves around whether federal government should uphold ideal standards for child care center to strive to meet. Or, whether it should enact lower standards which it knows child care centers can meet but which may be viewed as government endorsement of mediocre child care. Throughout the past three decades federal child care standards have been delayed because of this ambiguity. When officials set standards that are high, program operators and child care centers complain that the high standards will make providing child care prohibitively expensive and decrease the supply especially to low income communities who need it the most. When standards are revised to incorporate this view child development specialists complain that children will not get the kind of good quality care that will foster their development.

While standards are promulgated in regulations their enforcement is dependent upon the level of resources invested in monitoring compliance with these rules for example, the frequency of on-site inspections. In 1982, one survey estimated that $47 million nationwide was spent on enforcing child care regulations. There is some evidence that states have been cutting back on monies spent on enforcement in recent years. Some are skeptical of the investment spent in regulation and conclude that limited enforcement minimizes any potential positive effects and may give parents a false sense of security, and that effective enforcement would involve unacceptably high costs. (Lehrman and Pace, 1985)

The first successful attempt by the national government to establish standards for day care came about in the mid-1960s at the same time that government was beginning to spend more money on child care programs as a means to help poor families break the cycle of poverty. Under the direction of Jule Sugarman, associate director of the Children's Bureau (Head Start director) an interagency panel of experts was formed and the Federal Interagency Day Care Requirements (known as FIDCR) were written between 1967 and 1968. In order to assuage the wide-range of views on the panel and in the advocacy community, the language was vague and ambiguous which left the regulations open to criticism later. The requirements set standards for health care, nutrition, physical facilities, education levels for center employees, and parent participation, but staff-child ratios for preschoolers aged 3 to 5 was the main focus of the report. The recommended high ratios were similar to levels set in the developmentally oriented Head Start program which began in 1964. The panel originally envisioned these requirements as standards to strive to meet, not rigid rules that could legally be enforced.

Through its control over funding for certain day care programs, the Children's Bureau hoped to enforce the FIDCR standards in federal programs. But when the Nixon administration reorganized HEW enforcement of the standards was given to the Office of Child Development, which had no control over day care funding and thus no power to enforce the requirements.

When Ed Zigler became head of the Office of Child Development in 1971, he believed enforcement of the FIDCR regulation was impossible in its present form and set about to revise them, and make them both more specific and realistic. Unfortunately the revisions were never sent to Congress or enacted into law for several reasons. Advocacy groups viewed the Nixon administration's attempts to revise the 1968 guidelines as a way to permit centers to provide poor quality care, despite Zigler's attempts to include the suggestions of advocacy groups in the revised rules. The Office of Management and Budget objected to the revisions because they would be too costly to enforce. Consequently FIDCR remained standards that were never implemented.

Finally in 1975 an attempt was made to ensure enforcement of FIDCR by mandating that child care centers could not receive federal Title XX funds unless they were in compliance with FIDCR. Many states protested that their centers could not meet the standards so adjustments were made and centers were given two years to meet the requirements. Also, Title XX revised the FIDCR staffing ratios with regard to school-age children and infants. During this time authorization was given to HEW to study the appropriateness of the FIDCR regulations. A report was issued in 1978.

Independent of this effort, HEW had commissioned a number of national studies including two from Abt Associates, an independent research organization, which was contracted to study center-based care and child-staff ratios and family day care. In 1979 Abt startled the advocacy community by its finding that group size was much more important to a child's development than child-staff ratios. A group of 12 children with 2 teachers performed better than 24 children with four teachers. Another finding was that only infants clearly benefited from high staff-child ratios.

Abt's findings pleased policymakers who were trying to find a way to ensure the best quality child care at the lowest cost. Eighty percent of child care centers would be able to meet the new requirements that emphasized group size. The advocacy community, although skeptical at first, agreed to the new emphasis on group size and new requirements were set into place.

In 1980 however, the Reagan administration took office with a pledge to make government smaller. Federalism became popular and responsibility for certain programs was given to the states. The major federal child care program, Title XX, was block granted and control in regulation shifted to the states in 1981. The Federal Interagency Day Care Requirements, after the 14 year-long attempt to enforce them, lapsed without ever having been implemented although they served as a model for state programs and moved some states toward compliance.

New National Standards

Today interest in child care is once again very high and concern is being voiced over the national government's role in unifying standards for quality in child care. Private sector organizations, such as the National Association for the Education of Young Children, and the Child Welfare League of America, have developed and widely advertised sets of model standards for child care designed to influence regulatory standards and encourage the upgrading of child care across the country in different settings. With a grant from the Bureau of Maternal and Child Health and Resources Development, HHS, the American Association of Pediatrics (AAP) and the American Public Health Association (APHA) is developing a new set of standards in the areas of health, nutrition, safety and nutrition to be complete in 1990. In addition, several national educational associates such as the National Association of State Boards of Education, are developing recommendations for school-based early education programs.

The AAP/APHA collaborative project began by collecting all current state licensing requirements and examining where they differ, what areas are being neglected, and specifically how states are emphasizing health and sanitation standards. Findings from the survey will be available in the summer of 1989. The next step will be to develop standards based on survey findings and the suggestions of national experts in the areas of: environmental quality, prevention and control of infectious diseases, injury prevention and control, general health, nutrition, prevention and management of child abuse, staff health, children with special needs, health concerns related to social environment and child development, and health and safety organization and administration.

Another recent effort to involve the federal government in unifying the standards for child care is incorporated in a $2.5 billion comprehensive child care bill, entitled The Act for Better Child Care. Besides providing more money to states agencies and low income parents for child care services, Section 17 of the ABC bill calls for the establishment of a National Advisory Committee on Child Care Standards. The advisory committee, which would be comprised of child care professionals, health care professionals, administrators and parents, would review federal policies with respect to

child care services and establish minimum child care standards, which, within five years would be required for all federally funded child care.

State Regulation
(Sources: Morgan, 1986; Hollestelle, 1988)

The 1980 elimination of FIDCR requirements left child care providers subject only to state standards. Head Start and child care in the armed services remain the only child care programs with national standards promulgated by the federal government. Like education, child care curriculum, staff-child ratios etc are all regulated by the branches of state government that have oversight. In addition, centers are expected to meet local fire and building codes. But unlike education, child care is largely run by the private sector and paid for by parents. Therefore regulating the industry is largely a consumer protection service.

Child care standards vary enormously from state to state. In fact, no two states regulate all types of child care in exactly the same way. Staff-child ratios vary a great deal. For example, in North Carolina one provider can care for seven infants, in Kansas the ratio is 3:1., and group size can range from 4 to 20. For three year olds ratios range from 1:6 to 1:17. States requirements for teacher training range enormously. In 1988, 23 states had no requirements for family day care providers

State regulations also vary a great deal in terms of exemptions and insurance requirements. Twelve states exempt church run centers from state regulation, (except for certain health and safety standards). In some states part-day centers are exempt from regulation and some states exempt drop-in centers. Not all states require a child care provider to be covered by insurance. Twenty four require centers to have liability insurance, only 5 states require family day care providers to have insurance. Many states have temporarily stopped requiring insurance coverage due to the recent escalation in insurance costs for child care centers. (Since 1986 costs of policies have doubled or tripled in price partly because insurance companies are afraid parents will sue child care centers for child abuse but also due to the general crisis in the insurance industry.)

One area of regulation where there is much more agreement among states is in requiring criminal records checks for providers of child care. Thirty three states require criminal checks for center employees, 26 states require it for family day care centers. The record checks are the states way of responding to parents recent fears about abuse fueled by reports in the media. However of the 6,000 child care workers checked in New York in 1984, none had records of sexual abuse and only 3.8 percent had any records at all. The process is costly and many states are considering dropping the requirement.

The regulation of family day care homes is composed of two main types: licensing and certification. Twenty four states have chosen to license family day care homes, a process whereby a license is granted only after ascertaining, by on-site inspection, that various codes and requirements have been met. Another six states have chosen to regulate exclusively by the much simpler process of registration. This is basically a voluntary procedure where by a family day care provider files papers stating that certain standards have been met. Usually an inspection is only made when a complaint is lodged. In some instances parents are provided with a copy of the state regulations and complaint forms. All other states use a combination of licensing, registration or other similar processes, such as certification.

There have been a number of recent trends in state child care regulation, although there has been little change in the regulation of family day care. States have been raising required staff-child ratios for infants, but not toddlers. States have not improved regulation about group size as was recommended by the National Day Care Study. There is growing interest in supporting parents

right to visit at anytime. And state regulation shows growing interest in health standards and establishing the conditions under which centers can care for the mildly ill.

Local Regulation

(Source: Cohen, 1989; Lehrman and Pace, 1985.)

Unlike national and state child care regulation, local regulation is not usually a vehicle to assure the quality of child care but rather has primarily served as the principal barrier to the supply of more child care, mainly through restrictive zoning, fire and building codes. Many city and county zoning commissions consider day care, of any kind, to be a small business and prohibit programs, including family day care homes, from operating in residential districts. Where applicants may apply for special exemptions these are usually very costly and difficult to obtain and the requirements frequently fail to differentiate between center care and informal family home care. These codes have the effect of greatly discouraging the supply of new family day care homes and/or of forcing existing homes to operate "underground".

NON-REGULATORY STRATEGIES

Program Accreditation

(Source: Bredekamp, 1987; Hollestelle, 1987.)

Child care centers can get support and upgrade their programs by becoming accredited through the National Academy of Early Childhood Programs, a division of The National Association for the Education of Young Children. The Academy is a private, voluntary accreditation system for good quality, early childhood centers and schools.

The Academy, which began in 1984 and has 750 fully accredited centers and an additional 3,000 centers in the process of accreditation. Its standards are higher than state requirements but **do not** replace state requirements. All centers must meet state standards before they can become accredited by the Academy. The Academy's standards include: high staff-child ratios and small group size; high standards for professional staff with good salaries and benefits; developmentally appropriate curriculum; parent involvement; staff development and nutritional meals.

A new separate association exists that is developing accreditation of family day care homes. The National Association for Family Day Care was established in 1981 through the Children's Foundation. The association, which is much smaller than NAEYC, holds conferences every 2 years for family day care providers to come and exchange ideas and information. It has developed an assessment profile to be used as a tool for accrediting family day care homes. It provides technical assistance, a toll-free hot line and resources and books to help providers. It is run primarily with volunteers and so far has accredited 50 family day care homes.

Child Care/ Teacher Education and Training

(Brunson-Phillips, 1988; Child Development Associate, 1987)

Early childhood education and training is largely provided in institutions of post-secondary education including 4-year colleges and universities, community colleges, and vocational/technical schools. In addition some high schools offer child care training for their students and adults in the community. These institutions offer an array of courses leading to certificates and degrees in Bachelor, Masters, Associate and doctoral programs. These courses are offered in a range of departments including Home Economics, Elementary Education, Child Development, Human Ecology and so forth.

In addition a major source of child care/early childhood training grew out of the Head Start program, namely the Child Development Associates National Credentialling program. The CDA program was established in 1971 as a new category of child care professional drawing more heavily on supervised field experience and on the job training than classroom experience. The CDA requirements are based on assessment of competence in specific skills needed by center-based staff, family day care providers and home visitors. The CDA training program is offered by a variety of institutions. Some of the programs specialize in preparation to work in bi-lingual settings and with infants and toddlers. As of 1989, over 28,000 individuals had received the CDA credential. In 1986 federal legislation provided over $1 million annually for CDA credentialling fees..

In general there is a great deal of demand for trained child care workers and thus, in spite of low salaries it is a relatively attractive and realistic profession for entry level positions. However the shrinking relative compensation for college educated early childhood educators makes it less attractive as a longer term career.

Parent/Consumer Information: Resource and Referral Agencies

Matching families with child care services is the goal of resource and referral agencies. The resource and referral agencies came into existence in the 1970s and have expanded greatly in the 1980s. The agencies can work to empower parents to be good monitors of quality child care, by educating them to pay attention to the experience of the provider they pick, to be aware of appropriate child-staff ratios, to observe if health and safety standards are being followed and to learn when and how to complain about unsatisfactory care.

The National Association of Child Care Resource and Referral Agencies which began in 1987 provides technical assistance, training for referral counselors and sets standards for its 300 members throughout the country.

California has the largest and most extensive resource and referral service, with 67 programs funded by the state. Because of funding from the state, California's resource and referral programs have been able to provide a wide-range of services to parents and providers. The services they provide include: sponsorship of the Child Care Food Program for family day care centers; supportive services to families; advocacy work (i.e. initiating corporate child care centers); information about financial assistance (i.e. vouchers or tax credits); research and technical assistance. One of the oldest resource and referral programs, BANANAS, located in San Francisco, provides a telephone service which handles calls in English, Spanish and Chinese.

Raising Child Care Workers Salaries
(Sources: Hartmann and Pearce, 1989; Whitebook and Pemberton, 1988; Willer, 1989 and Zinsser, 1986)

State and national studies have documented the fact that child care workers have above average education but receive pay well below the average. Moreover child care workers receive little increase in earnings as they become more experienced and gain increased training and education. In 1986, Bureau of Labor Statistics data found that over 40% of full time child care workers earned less than $200 per week, (i.e. less than $5.00 an hour) or $10,400 per year. The child care advocacy community is convinced that there are strong links between these poor salaries and high rates of staff turnover. Studies have confirmed that when salaries are raised staff become more stable and are better trained. Since child care is a highly labor-intensive activity, upgrading salaries would substantially increase the costs of care. Some are convinced that these increased costs can not be borne by most parents but would need public subsidy.

Bringing Family Day Care Out of the Underground
(Source: Brock, 1986; Cohen, 1989; Lehrman and Pace, 1985)

Across the country a number of sponsored networks of family day care providers have used a variety of incentives to encourage family day care providers to become more visible and improve the quality of their care. Network sponsors provide tax advice on conducting a home-based business, training, substitutes in case of the provider's sickness, toy lending libraries and other kinds of support. The best known and most widespread of these programs is the federally funded Child Care Food Program (CCFP).

The Child Care Food Program, sponsored by the U.S. Department of Agriculture, is one way that family day care providers and non-profit centers are brought into a supportive network where they can exchange ideas with other providers and obtain support in financing and planning nutritious lunches for the children in their care without passing the cost on to parents.

The program, which began in 1980, reimburses providers for part of the meals they serve. All children are covered regardless of their parent's income. The provider must serve cooked, hot meals that fit the nutritional standards set by the USDA. The provider must also be in compliance with the child care regulation requirements for their state.

The state office responsible for the program usually subcontracts to a non-profit agency to sponsor and manage the CCFP. Sponsoring agencies conduct nutrition education sessions, check menus, manage reimbursements and encourage parent involvement. The Southern States Office of Save the Children, for example, operates a CCFP child care support network that sponsors 900 family day care homes. The homes are visited by staff three times a year. In addition it holds annual conferences for family day care providers and encourages other organizations around the country to become sponsors of CCFP for family day care homes.

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ORGANIZATIONAL RESOURCES

APA/APHA Collaborative Project: Development of National Health and Safety Performance Standards for Out of Home Child Care Programs.

The American Public Health Association (APHA) in collaboration with the American Academy of Pediatrics (AAP) is developing a comprehensive set of national performance standards in health, nutrition, safety and sanitation for out-of-home child care programs. The standards will address the needs of infants, toddlers, pre-schoolers and school-age children through twelve years of age in child care centers, family day care homes, and group day care homes. While these standards are not regulations, they will delineate professional criteria between minimum standards and the ideal. They will help promote improved quality of child care and enhance the health and safety status of children in out-of-home care through serving as a set of reference standards to guide regulatory agencies, child care providers, accreditation and credentialling agencies and as a consumer information tool for parents.

The project is funded by the Bureau of Maternal and Child Health and Resources Development, DHHS from July 1987 - June 1990.

Contact: Debra Hawks, Project Director, AAP/APHA Collaborative Project, American Public Health Association, 1015 15th Street N.W., Washington, D.C. 20005 (202) 789-5627.

Child Care Employee Project (CCEP)

The CCEP is a non-profit advocacy organization working to improve the wages, status and working conditions of the child care profession in order to ensure the affordability of high quality child care to all families regardless of economic status. It provides information, resources, training and consultation to child care community and in collaboration with other organizations conducts research on wages and working conditions and acts as a clearinghouse for data on the child care workforce.

CCEP is currently conducting the National Child Care Staffing Study in which on-site interviews were conducted in 1988 with 1300 child care staff in 22 centers in five cities (Boston, Atlanta, Detroit, Phoenix and Seattle). The focus of the study is on turnover and vacancy rates, levels of education and training, job satisfaction, pay and working conditions. The study report will be available in the fall, 1989. Co-principal investigators are Deborah Phillips, Carolee Howes and Marcy Whitebook.

Contact: Caro Pemberton, Associate Director, P.O. Box 5603, Berkeley, CA 94705 (415) 653-9889.

Child Care Law Center

The Child Care Law Center is the only non-profit legal services organization in the county exclusively dedicated to resolving the legal issues which surround the provision of child care. These issues include child care regulation, land use (eg. zoning, building & safety codes and restrictive covenants), taxes and benefits and provider rights and responsibilities. The Center's major objective is to use legal tools to foster the development of quality, affordable, child care programs.

The Center provides consultation, technical assistance, training, education seminars and legal representation to non-profit centers, family day care providers, parents, attorneys, policy staff,

unions, employers and community agencies. Through a specially funded program the Center staff are able to provide certain services free to programs that serve eligible low -income families.

The Center produces a range of publications and a regular newsletter, and serves as a clearinghouse for legislation, cases, briefs and legal memoranda on critical legal issues in child care. The Center receives funding from a number of private foundations.

Contact: Abby Cohen, Managing Attorney, Child Care Law Center, 22 Second St., 5th Floor, San Francisco, CA (415) 495-5498.

Child Welfare League of America, Inc. (CWLA)

The Child Welfare League of America is a federation of over 500 public and private non-profit agencies providing child welfare services in North America. During the past three years child day care services have assumed an increasing proportion of the services of member agencies. In response a child care task force has initiated a number of new projects designed to improve the quality of child day care services provided by their agencies and other organizations.

CWLA published its first set of standards for day care service in 1960. Its current *Standards for Day Care Service* were issued in 1984, and are intended to be a model of the best way to provide a day care service. They are conceived of as goals to be attained, to be distinguished from the minimum requirements for licensing or for membership in the CWLA. A special focus of these Standards are on the provision of social work services in day care programs, the integration of social work, health and education, seminars, and on the role of parents. In view of the changes in the nature of the population using child day care services, and in the type of services being offered, the CWLA child care task force has established a special committee to develop a revised set of standards, expected to be issued some time in early 1991.

Contact: Marjorie Kopp, Senior Policy Analyst, Child Welfare League of America, 440, First Street, N.W., Suite 310, Washington, D.C. 20001. (202) 638-2952.

Council for Childhood Professional Recognition (Child Development Associate Program)

The Council works to better the status of early childhood educators across the country. In 1985 it became the home of the Child Development Associate (CDA) National Credentialling Program, which was started in 1971 as a major national effort to improve the skills of child care staff in center based, family day care homes and home visitor programs. (see page 11)

Beginning in 1990, the Council will for the first time become involved in conducting training in cooperation with local institutions in order to prepare professionals for the CDA credential. The training will be based on the Council's model curriculum.

Contact: Carol Brunson Phillips, Executive Director, Council for Early Childhood Professional Recognition, 1718 Connecticut Ave. N.W., Suite 500, Washington, D.C. 20009 (202) 265-9090 or (800) 425-4310.

National Association of Child Care Resource and Referral Agencies (NACCRA)

NACCRA was established in 1987 as the national association of the growing number of local resource and referral child care agencies. Its purpose is to promote the development, maintenance and expansion of quality child care resource and referral services through information and public education, networking and coalition building. Its activities include regional and national conferences, technical assistance and training for referral counselors, an information clearinghouse, standard setting and publication of a quarterly newsletter.

Contact: Tutti Sherlock, President, NACCRRA, 2116 Campus Drive SE, Rochester, MN 55904 (507) 287-2020.

National Association for the Education of Young Children (NAEYC), National Academy of Early Childhood Programs.

NAEYC is a membership supported organization of more than 44,000 early childhood educators and others who are committed to fostering the growth and development of children from birth through age eight. It provides a wide range of services and resources to adults who work with and for children including a journal, annual conference, information clearinghouse etc.

The National Academy of Early Childhood Programs is a division of NAEYC, that administers a national voluntary accreditation system for good quality early childhood centers and schools. Its purpose is to improve the quality of care and education provided for young children.

The three step study accreditation process includes self-study, on-site validation and the Commission decision based on a set of Criteria developed by the Academy. The system is designed to set a standard of excellence but also allows for the diversity that exists in the field.

Contact: Barbara Willer, Public Affairs Director, NAEYC and Sue Bredekamp, Academy Director, 1834 Connecticut Avenue N.W., Washington, D.C. 20009 (202) 232-8777 or 800-425-2460.

National Association for Family Day Care (NAFDC)

NAFDC is a non-profit organization which serves as a national voice and networking system to promote quality in family day care. It was originally established in 1978 as a program of the Children's Foundation which serves as its technical advisor. Its activities are supported largely through membership dues. NAFDC administers an accreditation program, publishes a bi-monthly newsletter, and other materials, and sponsors a bi-annual, national conference. Members receive additional information relating to liability and insurance, resource materials, etc. Its accreditation process involves a self-study, on-site observation and parent and professional validator interviews.

A curriculum guide for training family day care providers, developed by the Children's Foundation is being promoted by NAFDC.

NAFDC activities are carried out by a part-time staff and a network of volunteers throughout the country.

Contact: Kay Hollestelle, National Association for Family Day Care, c/o The Children's Foundation, 815 Fifteenth Street N.W., Suite 928, Washington, DC 20005 (202) 347-3356.

National Center for Clinical Infant Programs (NCCIP)

NCCIP is a non-profit organization established in 1977 to improve and support preventive clinical approaches in the earliest years of life which will facilitate optimal health, mental health and development of infants, toddlers and their families. Its work involves leaders in child and community development including representatives from the fields of mental health, pediatrics, nursing, psychology, psychiatry, social work, education, business and philanthropy.

NCCIP's major activities include a bi-annual national conference, promotion of research and public policy advocacy on behalf of the special needs of infants. Among its several publications is a bi-monthly bulletin, *Zero to Three*. The organization has long had an interest in improving the quality of infant and toddler care, and has worked with a number of organizations on the training of family day care and other providers of infant care and young children with special needs. NCCIP has

recently received a grant from the Ford Foundation to provide technical assistance to state agencies who regulate, monitor and finance infant day care.

Contact: Eleanor Szanton, Executive Director, National Center for Clinical Infant Programs, 733 15th St. N.W. Washington, D.C. 20005 (202) 347-0308.

Save the Children, Southern States Office

Save the Children is a national non-profit organization dedicated to improving the lives of children. Its Southern States Office conducts a number of activities specifically designed to improve the quality of child care, especially for low income families. It acts as a sponsor of the federal Child Care Food Program throughout Georgia. It operates a community wide referral service in metropolitan Atlanta which publishes a newsletter for parents. The organization is a strong advocate for family day care which is the primary type of child care in rural communities.

Contact: Nancy Travis, Director, Save the Children, Southern States Office, 1340 Spring Street N.W., Suite 200, Atlanta, Georgia 30309 (404) 885-1578.